

INCIDENTAL BUSINESS PERMIT APPLICATION CANAVERAL NATIONAL SEASHORE

Name: _____

Business Name: _____

Business Activity: _____

Physical Address: _____

City, State, Zip Code: _____

Telephone: () _____ - _____

Date of Birth: _____ Male _____ Female _____

Areas most frequently used:

I request boat decals for the following vessel(s).

FL number	Hull ID number	Length	Passenger Capacity	Color	Boat Mfg/Model

VHF Radio Call Letters or Cell Number: _____

Information provided on this form will be used to obtain available material to document recent resource violations and/or to issue as applicable permit and insure compliance with Incidental Business Permit operation requirements. Failure to provide the information requested on this form will delay or preclude the issuance of a permit.

I certify that all the above is correct to the best of my knowledge.

Signature _____

Date _____